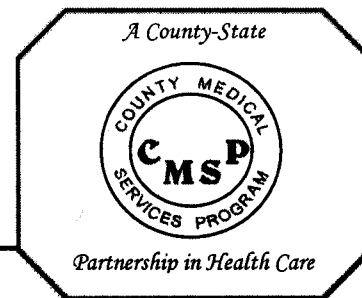


COUNTY MEDICAL SERVICES PROGRAM
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CMSP Letter No. : 05-04
Issue Date : April 6, 2005

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: COUNTY MEDICAL SERVICES PROGRAM (CMSP)
REFERRALS TO STATE PROGRAMS - DISABILITY AND ADULT
PROGRAMS DIVISION (SP-DAPD)

This letter supersedes All County Letter 99-04.

Current CMSP regulations adopted by the CMSP Governing Board (Board) on March 25, 2004, establish the following requirements:

- As a condition of eligibility for the CMSP Program, beneficiaries shall apply for, pursue, and retain eligibility for Medi-Cal or other available health benefits coverage.
- Beneficiaries shall reasonably cooperate with counties, providers, and the Board and its agents to apply for, pursue, and retain eligibility for Medi-Cal, Medicare, or other available coverage in order to be eligible for benefits under the CMSP.
- A beneficiary who does not reasonably cooperate with the Board, counties, or any of their authorized agents in applying for, pursuing, and retaining such beneficiary's eligibility for other health care benefits, or who does not provide evidence that such beneficiary has been determined ineligible for other health care benefits, shall not be eligible for benefits under the County Medical Services Program.

In accordance with these regulatory requirements, CMSP applicants and beneficiaries have a responsibility to cooperate in applying for Medi-Cal and for participating in the disability evaluation process required for Medi-Cal eligibility when circumstances indicate a potential disability. The County Welfare Department shall process disability

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applications completed by CMSP applicants and beneficiaries in accordance with the guidelines contained in the following appendices:

- Appendix A:** Clarification of CMSP rules regarding the responsibility of CMSP applicants and beneficiaries to apply for Medi-Cal and other available health coverage as a condition of eligibility for CMSP
- Appendix B:** Clarification of the responsibility of CMSP beneficiaries to fully cooperate with the disability determination process following application
- Appendix C:** Clarification of the procedures for submitting a disability application upon the death of a CMSP applicant or beneficiary

The Disability Determination Referrals process is defined in Article 22, Medi-Cal Eligibility Procedures Manual. If you have any questions about this, please contact the Disability Analyst in the Medi-Cal Eligibility Branch at (916) 552-9200.

If you have any questions regarding the procedures outlined in this letter, please contact the Board office at (916) 649-2631, extension 11.

Sincerely,



Marylyn Willis, Chief
County Medical Services Program Unit

Enclosures (3)

cc: Mr. Lee Kemper
Administrative Officer
CMSP Governing Board
1451 River Park Drive, Suite 222
Sacramento, CA 95815

Clarification of County Medical Services Program (CMSP) Rules Regarding the Responsibility of CMSP Applicants and Beneficiaries to Apply for Medi-Cal and Other Available Health Coverage as a Condition of Eligibility for CMSP

1. CMSP applicants who state they have a disability

When CMSP applicants state that they consider themselves disabled, the County Welfare Department (CWD) shall discuss the duration of the reported disability with the applicant. If the reported disability is expected to result in the applicant's inability to work for at least 12 consecutive months, the CWD shall process a State Programs – Disability and Adult Programs Division (SP-DAPD) application completed by the CMSP applicant. The following specific steps shall be taken:

- A. The CWD shall document the disability-related information and the method in which the CWD received the information.
- B. If the applicant's statement or other information indicates a disabling condition that will exist for at least 12 consecutive months, the CWD shall initiate the disability application process with the client.
- C. The CWD shall not approve CMSP until the completed disability application, including all appropriate forms, is submitted to the county. The CWD shall provide the applicant ten (10) calendar days to complete the disability application and return it to the county.
- D. If the applicant fails to return the completed disability application, including all appropriate forms and verifications, to the CWD within ten (10) calendar days, the CWD shall provide the applicant one additional opportunity to provide the completed application. If the applicant has not returned the completed application, including forms and verifications, to the CWD within ten (10) additional calendar days, the CWD shall deny the CMSP application unless good cause (as described in the CMSP Eligibility Manual: Article 3-030) is approved. If the applicant then reapplies for CMSP, the CWD shall determine eligibility for CMSP based upon the new application and the new beginning date of aid.

2. Existing CMSP beneficiaries who state they have a disability

When existing CMSP beneficiaries state that they consider themselves disabled, the CWD shall discuss the duration of the reported disability with the beneficiary. If the reported disability is expected to result in the beneficiary's inability to work for at least 12 consecutive months, the CWD shall process an SP-DAPD application completed by the CMSP beneficiary. The following specific steps shall be taken:

- A. The CWD shall document the disability-related information and the method in which the CWD received the information.
 - B. If the beneficiary's statement or other information indicates a disabling condition that will exist for at least 12 consecutive months, the CWD shall initiate the disability application process with the client.
 - C. The CWD shall provide the beneficiary ten (10) calendar days to complete the disability application and return it to the county.
 - D. If the beneficiary has not returned the completed application, including all appropriate forms, within ten (10) calendar days, the CWD shall discontinue the beneficiary's CMSP eligibility with a timely notice, unless good cause (CMSP Eligibility Manual: Article 3-030) is approved. If the beneficiary returns the completed application, including all appropriate forms, prior to the effective date of the discontinuance, the discontinuance shall be rescinded. If the beneficiary then reapplies for CMSP in the month following the discontinuance, eligibility for CMSP shall be determined based upon the new application and the new beginning date of aid.
3. **CWD is notified by CMSP that a CMSP applicant may have a disability.** *This situation is applicable to former CMSP beneficiaries who are re-applying for CMSP and to new applicants for CMSP.*

If the CWD is notified by CMSP that there is either current documentation or documentation from previous medical claims to CMSP for the applicant that indicate the applicant may have a disabling condition that would otherwise be covered by Medi-Cal, the CWD shall take the actions described below:

- A. The CWD shall contact the applicant and initiate the disability application process with the client.
- B. The CWD shall not approve CMSP until the completed disability application, including all appropriate forms, is submitted to the county. The CWD shall provide the applicant ten (10) calendar days to complete the disability application and return it to the county.
- C. If the applicant fails to return the completed disability application, including all appropriate forms and verifications, to the CWD within ten (10) calendar days, the CWD shall provide the applicant one additional opportunity to provide the completed application. If the applicant has not returned the completed application, including forms and verifications, to the county within ten (10) additional calendar days, the county shall deny the CMSP

application unless good cause (CMSP Eligibility Manual: Article 3-030) is approved.

- D. If the applicant reapplies for CMSP in the following month, the CWD shall determine eligibility for CMSP based upon the new application month, including the beginning date of aid, and documentation previously received through notification from CMSP.

4. CWD is notified by CMSP that a CMSP beneficiary may have a disability

If the CWD is notified by CMSP that there is documentation from previous medical claims to CMSP that indicate that the CMSP beneficiary may have a disabling condition that would otherwise be covered by Medi-Cal, the CWD shall take the actions described below:

- A. The CWD shall contact the beneficiary and initiate the disability application process with the client.
- B. The CWD shall provide the beneficiary ten (10) calendar days to complete the disability application and return it to the county.
- C. If the beneficiary has not returned the completed disability application, including all appropriate forms, within ten (10) calendar days, the CWD shall discontinue the beneficiary's CMSP eligibility with a timely notice, unless good cause (CMSP Eligibility Manual: Article 3-030) is approved. If the beneficiary returns the completed application, including all appropriate forms, prior to the effective date of the discontinuance, the discontinuance shall be rescinded.
- D. If the individual reapplies for CMSP, the CWD shall determine eligibility for CMSP based upon the new application month, including the beginning date of aid, and documentation previously received through notification from CMSP that a disability potentially existed.

**Clarification of the Responsibility of County Medical Services Program (CMSP)
Beneficiaries to Fully Cooperate with the Disability Determination Process
Following Application to State Programs – Disability and Adult Programs
Division (SP-DAPD)**

After the County Welfare Department (CWD) submits a disability application provided by a CMSP beneficiary, the CMSP beneficiary must comply with any request(s) made by SP-DAPD which are deemed necessary to make a substantive decision on the application in order to maintain CMSP eligibility, until a final determination is made by SP-DAPD. Such requests by SP-DAPD of the applicant may include attendance at a consultative examination or the provision of additional information to rectify conflicting or incomplete information. If the CWD receives notification by SP-DAPD that a CMSP beneficiary's disability case is closed with a "No Determination" status due to insufficient evidence resulting from the failure to cooperate, the CWD shall take the following actions according to the particular situation:

1. ***Upon the first notification*** by SP-DAPD that a CMSP beneficiary's disability case is closed with a "No Determination" status due to insufficient evidence resulting from the disabled applicant's failure to cooperate, the CWD shall take the following actions:
 - A. The CWD shall discontinue the beneficiary's CMSP eligibility with a timely notice, due to the beneficiary's lack of cooperation with the SP-DAPD process.
 - B. If the beneficiary contacts the CWD prior to the effective date of the discontinuance and provides an excuse for any reason for failing to cooperate with the SP-DAPD process, and agrees to cooperate, the CWD shall rescind the discontinuance for CMSP and resubmit the beneficiary's disability application with any new information, if applicable, to SP-DAPD.
 - C. The CWD shall inform the beneficiary of the consequence of continually failing to cooperate with the SP-DAPD process, as outlined in Point 2 below.
2. ***Upon the second notification*** by SP-DAPD that a CMSP beneficiary's disability case is closed with a "No Determination" status due to insufficient evidence resulting from the failure to cooperate, the CWD shall take the following actions:
 - A. The CWD shall discontinue the beneficiary's CMSP eligibility with a timely notice, due to the beneficiary's lack of cooperation with the SP-DAPD process.

- B. If the individual reapplies for CMSP following the discontinuance and provides any excuse for failing to cooperate with the SP-DAPD process, and agrees to cooperate, the CWD shall resubmit the disability application with any new information, if applicable, to SP-DAPD.
- C. The CWD shall not grant the CMSP application until the applicant provides the CWD with adequate documentation of compliance with SP-DAPD's requests, or the CWD receives a final determination on the case from SP-DAPD. Adequate documentation may include written confirmation from a physician's office that the applicant attended required consultative exam(s), copies of requested information or forms, and/or written verification from SP-DAPD that the applicant complied with requests. The burden is on the applicant to supply adequate documentation to the CWD of compliance with SP-DAPD requests.

Clarification of the Procedures for Submitting a Disability Application Upon the Death of a County Medical Services Program (CMSP) Applicant or Beneficiary

The County Welfare Department (CWD) shall submit a disability application upon the death of a CMSP applicant or CMSP beneficiary. The CWD shall seek retroactive coverage from Medi-Cal based on the onset date of the listed cause of death, and:

- A. If the cause of death ***was a traumatic event***, onset is established as the date of the trauma (e.g., trauma sustained in a motor vehicle accident, gunshot wound, head injury, etc.), or
- B. If the cause of death ***was not due to trauma***, and onset of the condition is prior to the month of death, onset will be evaluated by SP-DAPD based on the medical evidence and/or death certificate. SP-DAPD may grant retroactive onset for up to three months prior to the date of application in the following cases:
 - i. If the documented cause of death is one that would have been progressive in nature (e.g., cancer, coronary artery disease, kidney disease/failure, etc.) and it is reasonable to infer the condition existed during the requested retroactive period, onset may be established accordingly.
 - ii. If the death certificate documents any treatment of the applicant for the condition listed as the cause of death during the retroactive period, onset may be established accordingly.

CWDs are instructed to follow the steps outlined in Section 22 C-6 of the Medi-Cal Eligibility Procedures Manual for submitting a limited referral for disability based upon death.